

GASTROINTESTINAL BLEED

NurseStudy.Net

GI bleed refers to bleeding occurring in the gastrointestinal tract, which may range from mild to life-threatening.

Types:

1: Upper GI bleed: Originates from esophagus, stomach, or duodenum (e.g., peptic ulcers, varices).

2: Lower GI bleed: Originates from small intestine, colon, rectum (e.g., diverticulosis, hemorrhoids).

Risk Factors

General

* Age > 60, smoking, alcohol abuse.

Lower GI

* Diverticulosis, inflammatory bowel disease (IBD). Polyps, colorectal cancer.

Upper GI

Peptic ulcer disease, H. pylori infection. NSAIDs, aspirin, corticosteroid use. Esophageal varices (cirrhosis).

Treatments

Pharmacologic

Proton pump inhibitors (PPIs): Omeprazole, pantoprazole. Antacids or H₂ receptor blockers. IV fluids if symptomatic. Vasopressin or octreotide for variceal bleeding.

Endoscopic Interventions

Band ligation, sclerotherapy, cauterization. Blood transfusions: PRBCs for anemia or severe blood loss.

Surgical Interventions

For persistent or massive bleeding.

Nursing Implications/Complications

Complications

- Hypovolemic shock.
- Acute kidney injury due to decreased perfusion.
- Multi-organ dysfunction if untreated.

Nursing Implications

- Close monitoring of vital signs and hemodynamics.
- Continuous observation for re-bleeding.

Mechanism

* Mucosal Injury → Vessel Rupture → Blood Loss.
* Can lead to hypovolemia & Shock if severe.

Labs

Complete Blood Count (CBC): ↓ Hemoglobin, ↓ Hematocrit.

Coagulation Profile: PT/INR, aPTT to assess bleeding risk.

Blood Urea Nitrogen (BUN): Elevated in upper GI bleed due to blood digestion.

Endoscopy/Colonoscopy: Identify source of bleeding.

Stool Test: Positive for occult blood.

Type and Crossmatch: Prepare for blood transfusion if needed.

Patient Education

Medications

Importance of adhering to prescribed treatment (PPIs, antibiotics for H. pylori).

Dietary Modifications

Avoid NSAIDs, alcohol, and spicy foods. Eat a balanced, non-irritating diet.

Signs of Recurrence

Report any black stools, vomiting blood, or dizziness immediately.

Signs & Symptoms

Upper GI Bleed

- Hematemesis (vomiting blood; bright red or "coffee-ground").

Lower GI Bleed

- Hematochezia (bright red blood in stool).

General Symptoms

- Fatigue, pallor, tachycardia, hypotension.
- Dizziness, fainting (from anemia or hypovolemia).

Priority Nursing Diagnosis

1. Deficient Fluid Volume related to active GI bleeding as evidenced by hypotension, tachycardia, and decreased hemoglobin.
2. Risk for Shock related to acute blood loss.
3. Imbalanced Nutrition: Less Than Body Requirements related to decreased oral intake secondary to GI bleeding.

Nursing Interventions

Monitor

Vital signs (BP, HR), level of consciousness. Intake/output, urine output for signs of perfusion. Lab results (Hgb, Hct, coagulation levels).

Administer

IV fluids, blood products as ordered. Medications to control bleeding (PPIs, vasopressors).

Position

Elevate head of bed to reduce aspiration risk.

Prepare

Patient for endoscopic or surgical procedures.